MAINE STATE LEGISLATURE

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114th MAINE LEGISLATURE

FIRST REGULAR SESSION - 1989

Legislative Document

No. 529

H.P. 398

House of Representatives, March 1, 1989

Reference to the Committee on Banking and Insurance suggested and ordered printed.

EDWIN H. PERT, Clerk

Presented by Representative ROLDE of York.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND EIGHTY-NINE

An Act to Regulate Health Insurance Rates.



Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §389, as enacted by PL 1983, c. 579, §10, is amended to read:

§389. Penalties

Any person who knowingly violates any—provision—of—this chapter or Title 24-A, chapter 36, or any valid order or rule made or promulgated pursuant to this chapter or Title 24-A, chapter 36, or who willfully fails, neglects or refuses to perform any of the duties imposed upon him that person under this chapter or under Title 24-A, chapter 36, shall be deemed to have committed a civil violation for which a forfeiture of not more than \$1,000 a day may be adjudged, unless specific penalties are elsewhere provided for, and provided that any forfeiture imposed under this section shall not exceed \$25,000 for any one occurrence.

Sec. 2. 22 MRSA c. 107, sub-c. I-A is enacted to read:

SUBCHAPTER I-A

HEALTH INSURANCE RATE REGULATION

§393. Authority to regulate health insurance rates

The commission shall have the authority, in accordance with Title 24-A, chapter 36, to regulate rates charged for health insurance policies to be delivered or issued for delivery to persons in the State.

Sec. 3. 22 MRSA §400, as enacted by PL 1987, c. 440, §4, is amended to read:

§400. Sunset of the Maine Health Care Finance Commission

Unless continued or modified by law, the authority of the Maine Health Care Finance Commission to regulate any aspect of health care costs other than health insurance rates is terminated effective October 1, 1989. If that authority of the Maine Health Care Finance Commission is terminated October 1, 1989, the commission shall have a grace period not to extend beyond October 1, 1990, in which to complete its those duties. During the grace period, termination shall not reduce or otherwise limit the powers of authority of the commission.

Sec. 4. 24 MRSA §2321, as amended by PL 1985, c. 648, §1, is repealed and the following enacted in its place:

т.	National September and Membership Contracts
3	Nonprofit hospital and medical service organizations shall
5	be subject to the requirements of Title 24-A, chapter 36. No subscriber or membership contract shall be issued in the State
3	
7	unless the rate charged for that contract has been approved by the Maine Health Care Finance Commission pursuant to Title 24-A, abouter 36
9	chapter 36.
11	Sec. 5. 24 MRSA §2322, as repealed and replaced by PL 1979, c. 558, §3, is repealed.
13	Sec. 6. 24 MRSA §2323, as repealed and replaced by PL 1979, c. 558, §4, is repealed.
15	Sec. 7. 24 MRSA §2326, as enacted by PL 1979, c. 558, §5, is
17	repealed.
19	Sec. 8. 24 MRSA §2327, as amended by PL 1985, c. 648, §2, is repealed.
21	
23	Sec. 9. 24-A MRSA §2736, as amended by PL 1985, c. 648, §10, is repealed.
25	Sec. 10. 24-A MRSA §2736-A, as repealed and replaced by PI 1979, c. 558, §8, is repealed.
27	1979, C. 330, 30, 18 Tepeated.
29	Sec. 11. 24-A MRSA §2736-B, as enacted by PL 1979, c. 558, §9, is repealed.
31	Sec. 12. 24-MRSA §2839, as amended by PL 1985, c. 648, §11, is repealed.
33	Sec. 13. 24-A MRSA c. 36 is enacted to read:
35	
37	CHAPTER 36
	REGULATION OF HEALTH INSURANCE RATES
39	
	§2847. Scope of chapter
41	
.43	This chapter applies to all health insurance policies to be delivered or issued for delivery to any person in the State.
45	§2848. Definitions
47	As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.
49	Commission: "Commission" moons the Maine Health Com-
51	1. Commission. "Commission" means the Maine Health Care Finance Commission created in Title 22, chapter 107.
53	2. Health insurance policy. "Health insurance policy" means a contract or policy providing health insurance within the

1	following:
3) limbility on symbols companyation
5	A. Any policy of liability or workers' compensation insurance with or without supplementary coverage:
7	B. Life insurance, endowment or annuity contracts or contracts supplemental to any such contract which contain
9	only such provisions relating to health insurance as:
11	(1) Provide additional benefits in case of death or dismemberment or loss of sight by accident or
13	accidental means; or
15	(2) Operate to safeguard those contracts against lapse, or to give a special surrender value or special
17	benefit or an annuity if the insured or annuitant becomes totally and permanently disabled, as defined by
19	the contract or supplemental contract;
21	C. Reinsurance; and
23	D. Legal services insurance.
25	§2849. Rate filings on health insurance policies
27 29	1. Unapproved rates prohibited. No insurer may charge a rate for a health insurance policy if the rate has not been approved by the commission pursuant to this chapter.
31	2. Filing of rates for approval. Every insurer shall file
33	with the commission every rate it proposes to charge for health insurance and every rating formula, classification of risks and
35	every modification of any formula or classification which it has used or which it proposes to use in establishing that rate.
37	3. Content of filing. A rate filing shall include
39	sufficient information to enable the commission to determine whether the rates meet the requirements of this chapter. The
41	<pre>commission shall adopt rules setting forth the information required.</pre>
43	4. Public information. A rate filing, including supporting
45	information, shall be a public record within the meaning of Title 1, section 402, subsection 3, and shall become part of the
47	official record of any hearing held pursuant to section 2850.
49	§2850. Approval of rates
51	1. Standards for approval. The commission shall review rate filings and shall approve the proposed rates only if it finds that the premium rates proposed are not excessive.

- inadequate or unfairly discriminatory and the rates do not violate section 2159 or 2159-A. In determining whether an increased rate is excessive, the commission shall consider whether the increase in rates substantially exceeds the increase in health care costs in the State. The commission shall adopt rules setting forth the standards it will use to determine whether rates are excessive, inadequate or discriminatory.
 - 2. Hearing. In addition to reviewing the materials submitted in the filing, the commission shall hold a public hearing to hear comments on the proposed rates. The hearing shall conform to the procedural requirements of the Maine Administrative Procedure Act, Title 5, chapter 375, subchapter IV.
- 3. Order. The commission shall issue its order within 30 days after the close of the hearing. In the order, the commission shall either approve or disapprove the rate filing. If it disapproves the rate filing, the commission shall specify the filing it would approve and authorize the insurer to submit a new filing in accordance with the terms of its order or decision.
 - 4. Effective date. If the commission approves the rates, the rates shall become effective on the effective date specified in the filing or the date specified in the commission's order, whichever is later. Approved rates shall be effective for no more than 3 years, except that rates for nursing home care and long-term care insurance policies defined in chapter 68 with guaranteed level premiums shall be effective for the duration of the contract.
 - 5. Procedures: rules. Subject to the requirements of the Maine Administrative Procedure Act, Title 5, chapter 375, the commission may adopt rules implementing this chapter.

STATEMENT OF FACT

Under current law, the Bureau of Insurance is authorized to regulate rates charged for individual health insurance policies and contracts and is authorized to collect information on group rates. The purpose of this bill is to require the Maine Health Care Finance Commission to review and approve or disapprove individual and group health insurance rates. The bill requires insurers to file proposed rates and other information with the commission and prohibits insurers from charging rates which have not been approved by the commission. The bill also repeals the authority of the Bureau of Insurance to approve or disapprove health insurance rates.